



Utah Division of

Substance Abuse and Mental Health

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Treatment Outcome Measures Report

2006

Overview

The Utah Division of Substance Abuse and Mental Health is pleased to publish the 2006 Utah Substance Abuse Treatment Outcome Measures Report. The purpose of this report is to provide government officials, treatment centers, consumers, and family members with information that will lead to improvements in the management and performance of our programs and make the most of the limited dollars available to help people attain and sustain recovery. The findings of this report are also used to provide the Federal Government with outcome data for the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

Addiction

Drug addiction is a complex but treatable disease. It is characterized by compulsive drug craving, seeking, and use that persist even in the face of severe adverse consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. Relapse to drug abuse occurs at rates similar to those for other well-characterized, chronic medical illnesses such as diabetes, hypertension, and asthma. As a chronic, recurring illness, addiction may require repeated treatments to increase the intervals between relapses and diminish their intensity, until abstinence is achieved. Through treatment tailored to individual needs, people with drug addiction can recover and lead productive lives (NIDA).

Addiction Treatment

The ultimate goal of addiction treatment is to enable an individual to achieve lasting abstinence, but the immediate goals are to reduce drug abuse, improve the patient's ability to function, and minimize the medical and social complications of alcohol and other drug use. Like people with diabetes or heart disease, people

in treatment for alcohol and other drug disorders will need to change behavior to adopt a more healthy lifestyle (NIDA).

Utah's Public Treatment System

DSAMH is the Single State Authority for public substance abuse and mental health programs in Utah, and is charged with ensuring that prevention and treatment services are available throughout the State.

As part of the Utah Department of Human Services (DHS), DSAMH receives policy direction from the State Board of Substance Abuse and Mental Health, which is appointed by the Governor and approved by the Utah State Senate. DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities and local mental health authorities to provide prevention and treatment services. (See attached Utah Substance Abuse Treatment Outcome Measures Scorecard for a list of current providers.)

DSAMH monitors and evaluates mental health services and substance abuse services through an annual site review process, the review of local area plans, and review of program outcome data. DSAMH also provides technical assistance and training to the local authorities, evaluates the effectiveness of prevention and treatment programs, and disseminates information to stakeholders. DSAMH also supervises administration of the Utah State Hospital.

Local Authorities

Under Utah law, local substance abuse and mental health authorities are responsible for providing services to their residents. A local authority is generally the governing body of a county. There are 29 counties

in Utah, and 13 local authorities. Some counties have joined together to provide services for their residents. By legislative intent, no substance abuse or community mental health center is operated by the State. Some local authorities contract with community substance abuse and mental health centers to provide comprehensive services. Local authorities receive state and federal funds to provide services. In addition, they are also required by law to match a minimum of 20% of the state general funds appropriated by the Utah State Legislature.

Website

The website dsamh.utah.gov is the official website of the DSAMH. It contains a great deal of information about substance abuse and mental health prevention and treatment. The Frequently Asked Questions section is updated regularly as new information is made available. For example, a link to find treatment (find-treatment.samhsa.gov) provides the user with a list of all treatment facilities in an area. This is a national list that can be used to find treatment not only in Utah but also around the country.

Data Collection

The data used to prepare this report is submitted to DSAMH by the 13 local authorities. The data represents the providers, and is their written record of service activity to date based on the current reporting quarter for any given year. DSAMH encourages providers to conduct periodic audits throughout the year and submit corrections as needed.

DSAMH collects and reports the national outcome measures (NOMs) to the Substance Abuse and Mental Health Services Administration (SAMHSA). The NOMs were developed in collaboration with the States. As noted by the National Governors Association (NGA) in Public Health Services Policy (HHS-04), the goal of NOMs is to “...improve service efficiency and effectiveness through the use of indicators of accountability and performance.” The NOMS are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and

participate fully in their communities.

The NOMs domains and their associated outcome measures are as follows:

- Reduced Morbidity (for substance abuse—abstinence from drug/alcohol use, including decreased use of substances of abuse, nonuser stability, increasing perceived risk, increasing disapproval, increasing age of first use; for mental health—decreased mental illness symptomatology)
- Employment/Education (getting and keeping a job; workplace drug and alcohol policy; alcohol, tobacco, and other drug school suspensions and expulsions; or enrolling and staying in school)
- Crime and Criminal Justice (decreased criminality, incarcerations, and alcohol-related car crashes and injuries)
- Stability in Housing (increased stability in housing)
- Social Connectedness (family communication about drug use, increasing social supports and social connectedness)
- Access/Capacity (increased access to services/increased service capacity)
- Retention (for substance abuse—increased retention in treatment, access to prevention messages, evidence based programs/strategies; for mental health—reduced utilization of psychiatric inpatient beds)
- Perception of Care (or services)
- Cost Effectiveness
- Use of Evidence-Based Practices

Results:

- The Median Length of Stay for clients receiving Outpatient/Intensive Outpatient Services increased significantly from Fiscal Year '05 to Fiscal Year '06 from 73 days to 91 days respectively.
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- The percentage of client abstinent in Fiscal Year '06 increased from 46.8 percent at admission to 70.6 percent at discharge, a 23.8 percentage point increase. This increase surpasses the national average of 18.5.
 - In Utah, 31.8 percent of clients were employed full/part time at admission and 36.9 percent were employed at discharge, a 5.1 percentage point increase. This is an increase over Fiscal Year '05 and is above the national average increase of 4.1.
 - Six months prior to admission, 37.6 percent of clients had been arrested, while only 7.2 percent were arrested between admission and discharge. This represents a 30.4 percentage point decrease, which exceeds the national average of 27.9.

Recommendations:

DSAMH recognizes that the outcome measures listed on the scorecard are not the only measures of performance.

- Local Authorities and their providers should work to reduce the number of data items reported as unknown and ensure that all corresponding records for a treatment episode are

reported.

- Local Authorities and their providers should understand that Length of Stay is calculated based on the last date of contact and encourage clinicians to promptly complete the discharge information and ensure that all outcome measure related items are completed and contain valid data.
- Length of stay has repeatedly been linked to successful outcomes including increased abstinence, improved employment and social functioning and decreased involvement in the criminal justice system. While the length of stay in outpatient and intensive outpatient treatment is improving, continued efforts are needed to further increase clients' engagement in treatment, which will lead to improved treatment completion rates and better outcomes

Summary:

DSAMH recognizes that collection of outcome measure data is a tremendous undertaking, and that accuracy will continue to improve over time. DSAMH is committed to accountability and encourages attention to accurate data reporting. Results will be made available for general release and also used in our monitoring program to evaluation program effectiveness.



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Utah Substance Abuse Treatment Outcome Measures Scorecard

November 6, 2006

Agency	Admissions		Number of Clients Served		Number of Discharges, excluding Detox		Median Length of Stay (Days) Residential		Median Length of Stay (Days) Outpatient/IOP		Percent Completing Modality Successfully		Increased Abstinence - Percentage point increase in those reporting no use for their primary substance from admission to discharge		Decrease Use - Additional percentage of clients who decreased use (that didn't report abstinence)		Homelessness - Percentage point decrease in homeless clients admission to discharge		Increased Employment - Percentage point increase in those employed full/part time from admit to discharge		Decreased Criminal Justice Involvement - Percentage point decrease in number of clients arrested prior to admission to prior to discharge	
	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06	FY05	FY06
Bear River	1,141	1,575	1,563	1,570	1,153	1,071	n/a	128	126	134	57.6%	59.9%	22.7	20.6	3.0	1.0	0.1	*	1.0	3.6	83.8	91.4
Central Utah	278	255	415	428	93	84	n/a	n/a	99	107	35.5%	44.0%	3.5	1.3	1.3	0.0	1.1**	1.2**	3.2	0.0	19.9	4.2
Davis County	1,002	589	959	864	692	229	42	76	83	99	56.7%	59.8%	11.9	0.8	6.8	0.0	-3.7	*	1.4	0.0	20.5	13.2
Four Corners	479	576	577	698	461	468	0	0	85	85	15.9%	34.2%	11.1	5.8	2.4	1.7	-0.4	-1.1	9.0	1.6	21.7	32.3
Northeastern	249	389	380	496	42	61	n/a	n/a	49	118	23.8%	83.6%	-43.7	0.0	25.0	0.0	-21.4	0.0	-30.0	0.0	0.0	39.4
Salt Lake County	9,979	10,754	8,403	8,642	3,435	4,558	28	44	54	88	54.9%	51.9%	14.8	25.6	4.7	3.5	1.0	0.7	5.3	6.4	34.9	15.5
San Juan County	43	52	103	94	15	11	n/a	n/a	117	333	20.0%	27.3%	10.0	50.0	20.0	0.0	*	*	-2.9	60.0	7.7**	27.3
Southwest Center	609	465	577	513	509	257	64	58	121	97	68.3%	49.0%	16.7	0.0	1.6	0.0	1.6	2.3	13.4	0.8	47.0	22.5
Summit County	256	203	323	317	214	174	n/a	n/a	0	11	67.3%	69.0%	0.0	11.5	8.9	9.2	1.4	1.7**	-33.6	-4.0	64.5	64.7
Tooele County	323	306	434	450	306	274	0	327	0	110	49.8%	51.8%	85.7	78.1	5.6	2.2	0.3**	0.7**	7.5	9.8	32.0	51.5
U of U Clinic	236	230	363	355	293	184	n/a	n/a	47	57	70.1%	60.9%	16.8	17.1	1.7	2.2	-0.4	0.0	16.9	12.8	23.4	15.7
Utah County	2,041	1,943	1,715	1,602	1,244	998	25	25	36	28	62.6%	64.4%	39.3	38.0	3.0	2.9	3.7	4.8	-1.8	-3.7	63.9	59.3
Utah State Prison	338	702	518	940	118	119	90	35	n/a	n/a	29.4%	0.0%	31.0	0.0	0.9	0.0	n/a	n/a	n/a	n/a	n/a	n/a
Wasatch County	167	140	279	241	100	87	n/a	n/a	19	42	59.0%	60.9%	27.3	20.2	9.0	5.7	-1.1	-1.3	3.0	11.0	80.8	67.5
Weber Human Services	1,844	1,423	2,033	1,745	1,850	1,124	84	21	104	117	50.4%	55.2%	17.2	21.0	2.9	6.7	-1.0	-0.7	5.5	13.1	3.6	1.6
State Average/Total*	18,985	19,602	18,642	18,955	10,525	9,699	28	25	73	91	54.5%	53.7%	21.6	23.8	4.0	3.2	0.3	0.8	4.1	5.1	38.3	30.4
National Average													11.2	18.5			1.5	2.1	4.2	4.1	23.1	27.9

Green = 90% or greater of the National Average.
Yellow = Greater than or equal to 75% to less than 90% of the National Average.
Red = Less than 75% of the National Average.

* No one homeless at admission so no opportunity for change.

** No one reported at discharge.

n/a = no clients reported/not applicable to incarcerated population.

Includes primary drug only.

Decreased Use and Completing Modality Successfully are not national measures and are not scored.

Abstinence, Homelessness, Employment, Criminal Justice are all percentage point increase/decrease. This is calculated as difference between the percent at admission and the percent at discharge.

Decreased Use is the percentage of the clients that showed decrease use in their primary substance of abuse, but did not report abstinence.

Specific percentages are calculated as follows using FY discharges, excluding assessment only, limited treatment, and detox clients. Valid data does not include unknown or missing:

Abstinence: Example: FY06 state rate Admit: 46.8 Discharge: 70.6 = 23.8 percentage point increase.
Abstinent from primary substance at admission/Total # with valid substance data.
Abstinent from primary substance at discharge/Total # with valid substance data

Homelessness: Example: FY06 state rate Admit: 4.4 Discharge: 3.6 = 0.8 percentage point decrease.
homeless at admission/Total # with valid living arrangement data
homeless at discharge/Total # with valid living arrangement data

Employment: Example: FY06 state rate Admit: 31.8 Discharge: 36.9 = 5.1 percentage point increase.
unemployed at admission/Total # with valid employment data
unemployed at discharge/Total # with valid employment data

Criminal Justice: Example: FY06 state rate Admit: 37.6 Discharge: 7.2 = 30.4 percentage point decrease.
arrested prior to admission/Total # with valid arrest data
arrested prior to discharge/Total # with valid arrest data

Length of Stay: Calculated from admission date to date of last contact. Median for all client modalities excluding detox.